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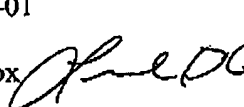
FACSIMILE TRANSMISSION COVER SHEET

DATE: November 30, 2006

TO: Mail Stop Amendment
U.S. Patent and Trademark Office
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

EXAMINER: Brian R. Gordon, Group Art Unit 1743

RE: U.S. Patent Application No. 10/603,049
For: Bead Dispensing System
Our Ref.: 5010-345-01

FROM: Leonard D. Bowersox 

FAC. NO.: (571) 273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 16

Papers Filed Herewith: Transmittal Form 1 Page
Fee Transmittal 1 Page
Credit Card Payment Form PTO-2038 for \$180.00 (1 Page)
Amendment (9 Pages)
Information Disclosure Statement (2 Pages)
PTO/SB/08a 1 Page

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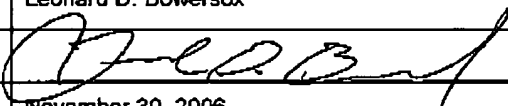

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/603,049
		Filing Date	June 24, 2003
		First Named Inventor	Charles S. Vann et al.
		Group Art Unit	1743
		Examiner Name	Brian R. Gordon
Total Number of Pages in This Submission	15	Attorney Docket Number	5010-345-01
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition For Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form PTO-2038 for \$180.00 Form PTO/SB/08a Customer No. 35411	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Leonard D. Bowersox		
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Date	November 30, 2006		
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Type or printed name	Virginia J. Byers		
Signature		Date	November 30, 2006

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/3/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known		
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	10/603,049	
		Filing Date	June 24, 2003	
		First Named Inventor	Charles S. Vann et al.	
		Examiner Name	Brian R. Gordon	
TOTAL AMOUNT OF PAYMENT		(\$180.00)	Attorney Docket No.	5010-345-01

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,226	Telephone	703-385-9688
Name (Print/Type)	Leonard D. Bowersox	Date	November 30, 2006		

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